

Application for Body Art Practitioner Permit Town of Hanover

(Application must be submitted at least 30 days before the planned opening date)

For new practitioners, complete and return this form with the following:

- registration fee of \$ 75.00 (payable to the Town of Hanover)
- documentation of education , training and certification

Upon satisfactory review of the application, verification of information and receipt of the registration fee, the permit to practice will be issued. All cost for the application and verification of the documentation are the responsibility of the applicant.

_____New application _____ renewal

Applicant Name & Title: _____

Residence Address: _____

Mailing Address: _____

Applicant Emergency Number: _____ Pager/cell phone: _____

Date of Birth: _____ Social Security #: _____

Federal ID: _____

Establishment Name: _____

Establishment Address: _____

Telephone Number: _____

Education:

- Anatomy & Physiology I & II: _____ Grade: _____
- Skin diseases, disorders: _____ Grade: _____
- Infectious disease control: _____ Grade: _____
- Bloodborne Pathogens: _____ Grade: _____
- First Aid/CPR: _____ Grade: _____

(Renewable every three years)

Internship/Training:

Practitioner: _____

Address: _____

Town, State, Zip code: _____

Phone Number: _____

Length of internship/training: _____

Board of Health/Department of Public Health Permit #: _____

State: _____ Phone number: _____

FOR BOARD OF HEALTH USE ONLY

Date Received	Cori/Sori	Date Interviewed	Approved By	Permit # Issued
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_____	_____	_____	_____	_____
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Comments:

Information:

date verified:

by: